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Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Statewide Quality Council (SQC)

June 13, 2018
2:30 p.m. until 4:30 p.m.

George W. Dunne Building 69 West Washington, 35th Floor Chicago, IL	IDPH Offices 535 West Jefferson, 5th Floor Springfield, IL
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Introductions

Stephen Locher called the meeting to order and went around the room asking attendees to introduce themselves and let us know whether they were a member or a guest.

Attendees

Members in Attendance	Guests and IDPH
Stephen Locher Roma Allen Ann Borders Jenny Brandenburg Rita Brennan (Phone) Robyn Gude Jodi Hoskins William Mackendrick (Phone) Cindy Mitchell Angela Rodriguez Deborah Rosenberg Elaine Shafer Maripat Zeschke	Tanya Dworkin, IDPH Shannon Lightner, IDPH Miranda Scott, IDPH Alexander Smith, IDPH Daniell Ashford Andrea Cross Stacie Geller Patti King Abby Koch Cecilia Lopez Eddie Markul Myra Sabini Ann Schramm Debbie Schy Shirley Scott
	Members Not In Attendance
	Richard Besinger Jean Goodman Madiha Qureshi (excused) Bernadette Taylor

Motions

1. **Motion to approve the minutes from April 2018.**
1st Jenny Brandenburg, 2nd Angela Rodriguez, Unanimous Yes
2. **Motion to adjourn the meeting.**
Unanimous Yes

Minutes

The minutes from April 2018 were reviewed and approved.

Agenda Items

Illinois Department of Public Health (IDPH) Update

- Dr. Locher gave a brief update on the CoIIN infant mortality on behalf of Andrea Palmer
- Another CoIIN group on infant mortality and the impact of a lack of child care.

Standardized Mortality and Morbidity Review Update/Follow-Up

- Dr. Locher gave a brief update on the status of the subgroup and that let the committee know that there is still time to join the group.
- **Action Item:** Anyone interested should send Alex Smith an e-mail.

Severe Maternal Morbidity (SMM)

- Stacie Geller and Abby Koch presented to the committee a project they have been working on concerning severe maternal morbidity rates in Illinois.
- This is the first statewide implementation of a SMM review.
- SMM cases are defined as any type of ICU/CCU admission (planned and unplanned) and/or greater than 4 units of packed red blood cells (PRBC) transfused from contraception to 42 days post-partum.
- Existing facility maternal mortality review committees have reviewed these SMM cases. Some do them separated from deaths and some will review them mixed into the death cases.
- This happens about 74.5 per 10,000 pregnancies.

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- Preventability is focused on: did the woman have to become as sick as she did?
- Majority of SMM cases happened in the early post-partum period and also were cesareans.
- Primary cause of morbidity was hemorrhage followed by preeclampsia and sepsis.
- Discussed some challenges such as additional training on evaluating SMM cases.
- Discussed some lessons learned from the process.
- Talked about the project's next steps: will continue this for a year, plan to expand reviews at the hospital level, and possibly try to implement a group at the state level.

Maternal Transport Outcomes

- Angela Rodriguez, Eddie Markul, and Shirley Scott gave a presentation on Maternal Transports.
- Discussion on the mission of Chicago Maternal Child Health Advisory Committee (CMCHAC) and covered the timeline of the programs implementations and updates since 2012.
- Goal of EMS initiated transports: high risk OB patients are transferred to the appropriate level of care.
 - o EMS level of care and trauma is opposite of the perinatal level of care system
- The group had a field tool developed that was an informational decision tree
- In regards to high risk OB, tried to define what would be considered "high risk" and also have a definition for what stable is.
- Described as a "stable" pregnant patient will NOT:
 - o Display a crowning or presenting part at the perineum
 - o Have brisk vaginal bleeding
 - o Have abnormal vital signs
 - o Exhibit altered mental status
- If there is a question on stability, medical control should be contacted to assist with destination decisions
- They have looked at ways of improving:
 - o Improved data identification and collection
 - o Link outcomes to Chicago Fire Department transports
 - o Revisit a legislative approach.
- They are also looking at sustainability of the project.

Stroger/Hektoen Administrative Perinatal Center Network Report

- Andrea Cross discussed their nurse collaboration project with the Chicago Department of Public Health.
- Their mission is to identify women who have barriers that prevent the 72 hour follow-up b/p screening. Also, to provide in-home b/p screening to a specific population of patients that require additional support.
- They are incorporating field nurses for women having trouble going to their appointments
- Follow-up includes the field nurse sending in the documentation to a central office.

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Outcomes are shared at the network hospital morbidity and mortality meetings

- Follow-ups are women identified to have hypertension
- **Action Item:** If a hospital would like to present at the next meeting, let Stephen Locher know.

Illinois Perinatal Quality Collaborative Update

- Discussed their mothers and newborns affected by opioids (MNO) slide set.
- Discussed the mapping tool and a map to local resources.
- Have 107 hospitals signed up for the MNO initiative.
- Two big parts for MNO:
 - o Increase moms on Medication-Assisted Therapy (MAT) by delivery
 - o Engaging moms in the non-pharmacologic care of babies with neonatal abstinence syndrome (NAS)
- Working on increasing the number of moms on MAT.
- Ann Borders then asked for any feedback from their face-to-face meeting.
- Showed a timeline for the rest of the year on the MNO monthly team webinars/meetings.
- They are looking for volunteers for slide sets and content of the webinars
- Sustainability numbers for hypertension has maintained strong numbers even after the initiative.

Adjournment

Jenny Brandenburg motioned for the meeting to adjourn and was passed with unanimous approval.